

Ryan White FY 2016 Part A and Minority AIDS Initiative (MAI)

INSTRUCTIONS

Proposal

A. Cover Letter	Page 2
B. Proposal Checklist (See Attachment A)	Page 4
C. Project Summary Abstract	Page 4
D. Project Narrative	Page 4
1) Agency Background	Page 4
2) Statement of Assets and Needs	Page 5
3) Program Plan	Page 6
4) Evaluation Plan	Page 6
E. Proposal Budget	Page 7
1) Budget Justification Narrative	Page 7
2) Budget and Detail for Each Proposed Service Category	Page 8

Required Proposal Attachments

- 1.) Agency Organizational Chart(s)
- 2.) Agency Total Operating Budget
- 3.) List of All Current Public and Private Grant Funding
- 4.) Organizational Quality Management Plan
- 5.) Resumes, Job Descriptions and Salaries for All Positions to Be Funded
- 6.) Copies of Licensure or Accreditation (if applicable)
- 7.) List of current Board Members
- 8.) Copy of Agency's Strategic Plan
- 9.) Copy of most recent Audit or Year End Financial Statements
- 10.) Proof of 501(c)(3) Status and Charter & By-Laws
- 11.) Insurance Documentation
- 12.) Personnel Policy indicating Nondiscriminatory Practices
- 13.) Client Grievance Policy
- 14.) References
- 15.) Formal Collaboration Agreements

Proposal Format

- Proposal must be typed or computer-generated. Handwritten proposals will not be accepted.
- Proposal must be submitted in Times New Roman, 12-point font.
- Proposal must include a Project Summary Abstract typed, 1.5 lines spaced.
- Proposal must include a Project Narrative typed, 1.5 lines spaced.
- Proposal must be printed on standard 8 ½ x 11 inch pages with margins no smaller than 0.5 inches.
- Proposals must include a Proposal Checklist, and all required forms as indicated in the RFP.
- Proposals should provide any charts, graphs, letters, etc. as part of the appendices.

- Proposal must include a header at the top right hand corner of each page of the proposal (exclusive of forms and attachments), with the following:
 - Agency Name
 - RFP #16-001-39
- Proposal must include page numbers at the bottom of each page of the proposal. Attachments must be referenced by number in the narrative.
- Completed Proposal must be bound securely. Please use staples or binder clips, do not use binders, notebooks, or other binding materials.
- The package containing one (1) original copy (clearly identified as original) and seven (7) copies of your proposal must be sealed and marked with the Proposer's name and 'CONFIDENTIAL, RYAN WHITE Part A and MAI Services, 'RFP#16-001-39' noted on the outside of the package.

Proposal

A. Cover Letter with Assurances

All applicants requesting Ryan White Part A and MAI funds must submit all required information with a formal cover letter, printed on agency letterhead, co-signed by the applicant's Executive Director/ Chief Executive Officer (CEO) and Board Chair, attesting to compliance with the assurances and submission requirements outlined below. The letter must indicate program name, client-specific service categories and amount of funds requested in the first paragraph. The remainder of the letter must include the assurances listed below. Please, choose the option for Assurance (1) that reflects the organization.

- 1) The applicant shall assure that it is a private nonprofit entity under state and local laws and as demonstrated through the attainment of a tax exempt 501(c) (3) Classification from the IRS. In addition:
 - a) The agency must assure that no part of its net earnings s (should be 'inures') to benefit any member, founder, contributor, or individual.
 - b) The agency must assure that it has a functioning accounting system that is operated in accordance with generally accepted accounting practices.

OR

- 1) The Ryan White 2006 legislation provides allowances that private "for profit" entities may apply to provide services under the Ryan White Program if the entities are located in a geographic area where there are no nonprofit entities able to provide those services: "Direct financial assistance may be provided to public or nonprofit private entities, or private for-profit entities if such entities are the only available provider of quality HIV care in the area." In these situations:

- a) The agency must assure that no part of its net earnings inures to benefit any member, founder, contributor, or individual.
 - b) The agency must assure that it has a functioning accounting system that is operated in accordance with generally accepted accounting practices.
- 2) The proposal meets all requirements in each section of this RFP.
 - 3) The agency has among its purposes significant activities related to providing services to persons living with HIV/AIDS (PLWH/A) or related disease.
 - 4) The proposal was developed without collusion with any other applicant, competitor or employee of Shelby County Government.
 - 5) The applicant has the experience, capability and willingness to perform the work described in the Proposal.
 - 6) The applicant does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), gender, marital status, political affiliation, national origin, sexual orientation, or disability.
 - 7) The clients to be served by the applicant are infected with HIV or high-risk for HIV infection, when allowable, and reside in Fayette, Shelby and/or Tipton counties in Tennessee or De Soto, Tate, Tunica, and/or Marshall Counties in Mississippi and/or Crittenden County in Arkansas.
 - 8) The applicant's principal site of operations is located in the counties as described in subparagraph i. above.
 - 9) The applicant will provide sufficient staff/personnel, equipment, etc. at the cost proposed to successfully meet all requirements of this RFP and complete all activities approved for funding.
 - 10) The applicant will comply with all Federal, State and local laws, statutes, regulations and codes applicable to proposed activities and funding sources.
 - 11) The applicant will comply with the Memphis TGA Ryan White Eligibility Policy and Procedure in determining client eligibility for services.
 - 12) The applicant is not identified as suspended, debarred or otherwise declared ineligible from receiving Federal contracts or subcontracts by the General Services Administration's Excluded Parties List System (<http://www.epls.gov>).
 - 13) Pursuant to Section 2605(a)(6), Part A and MAI funds will not be used to pay for any item or service that can reasonably be expected to be paid under any State compensation program, insurance policy, or any Federal or State health benefits program (except for

programs related to the Indian Health Service) or by an entity that provides health services on a prepaid basis.

- 14) Pursuant to Section 2605(a)(7)(A) Part A and MAI funded HIV primary medical care and support services will be provided, to the maximum extent possible, without regard to a) the ability of the individual to pay for such services or b) the current or past health conditions of the individuals to be served.
- 15) Pursuant to Section 2605(a)(7)(B) Part A and MAI funded HIV primary medical care and support will be provided in settings that are accessible to low-income individuals with HIV disease.
- 16) Pursuant to Section 2605(a)(7)(C) Part A and MAI of outreach services will be provided to low income individuals with HIV disease to inform them of such services.
- 17) Pursuant to Section 2681(d) Part A and MAI services funded will be integrated with other such services, programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.
- 18) Pursuant to Section 2684, no funds shall be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.

B. Proposal Checklist

Please complete the checklist provided as Attachment A and include with your proposal. Be sure to include all information requested. Proposals missing any component listed will not be reviewed.

C. Project Summary Abstract

All applicants must include a brief summary of their proposal that describes the amount being requested, an outline of the activities that are proposed, and the number of clients who will be served.

D. Proposal Narrative

Please use the following format to develop your proposal. Answer each question, including all components of each question. Most importantly, please be sure that all your numbers for client demographics and budget figures match throughout the proposal.

- 1) Agency Background (no more than 4 pages)
 - a) Briefly describe your organization including: (a) history of your organization; (b) mission; (c) goals; and (d) major service components. Provide a brief description and count of the number of clients served on an

annual basis and basic demographic data to include: (1) age; (2) race and ethnicity; and (3) gender.

- b) If your agency has previously received Ryan White funds, please describe how the funds were utilized including: (a) a description of the types of services supported with these funds; (b) number of clients served; and (c) demographic data on those clients that includes age, race and ethnicity, and gender. Describe the program evaluation activities that have been completed, provide data and results obtained from these activities, and describe how these were used to improve services.
- c) For those who are not currently receiving Ryan White funds; please describe your organization's experience in providing the services for which you are requesting Ryan White Part A and MAI funds. (**NOTE:** If your organization does not have experience in providing these services, please describe how you plan to obtain the necessary expertise to implement the service program).
- d) If your agency has had to implement a corrective action plan in the last three years, from any funding source, please provide details of the corrective action plan and the steps your organization took to resolve any findings and recommendations.

2) Statement of Assets and Needs (no more than 5 pages)

The Statement of Assets and Needs describes the need your program will address and the assets your organization brings to addressing that need.

- a) What needs or problems will your program/service address? Please use epidemiological data, and any other relevant local and national data to support your case.
- b) If you are seeking an increase in funds from last year for the same type of program(s) currently funded, please document the need for this increase in terms of unmet demand for this program. Include information on: (a) waiting lists or increased client demand for services; (b) denial of service because of insufficient funding; (c) increase in costs of providing services; and (d) the capacity of your organization to increase services.
- c) If there are other agencies providing the same or similar services in the community, please explain why your agency is better equipped to provide a higher quality and more cost effective service.

3) Program Plan (no more than 10 pages)

The Program Plan describes the proposed scope of work for each of the service categories for which funding is requested, based on the capacity of your organization to provide the proposed services and specific identified needs of the clients that will

be served. Describe the measurable goals and objectives, including timeframes and proposed outcome measures. This section should correspond directly with the proposed budget.

- a) Describe how the proposed scope(s) of service is related to the service priorities established by the Memphis TGA Ryan White Comprehensive Plan provided in Attachment H. Describe the organization's plan for ensuring timely access to services, including the process for receiving, providing and tracking referrals internally and from external sources.
- b) Describe how your proposed scope(s) of service will address unmet need in the Memphis TGA. Unmet Need for HIV primary medical care in the Memphis TGA is defined as no evidence of any of the following three components during calendar year in 2012: 1) Viral load testing; or 2) CD4 count; or 3) Provision of antiretroviral therapy (ARV).
- c) Describe how the proposed scope(s) of service is related to the specific goals of the Memphis TGA 2010 EIIHA Plan to (1) promote awareness about the importance of early detection and treatment for HIV, (2) promote awareness about available HIV testing services, (3) increase access to and utilization of existing HIV testing services, and (4) expand the availability of HIV testing services to underserved geographic areas and target populations.
- d) Describe the action steps you will take to meet the objectives and client level outcomes for each service priority. The objectives, client level outcomes, related stage of the HIV care continuum, and HHS/HAB related performance measures for each service priority have been set by the grantee, so they are consistent across providers. Also, be sure to demonstrate your understanding of how each service category relates to the HIV care continuum.
- e) Please list employees, who are currently employed by your agency that will be paid by Ryan White Part A and MAI funds, briefly describe their qualifications, and attach resumes and job descriptions. Describe the organization's plan for recruiting and hiring vacant and/or newly created positions.

4) Evaluation Plan (no more than 5 pages)

In this section, describe your program and process evaluation activities, as well as the data collection and information systems which support those activities.

- a) Describe agency's process for conducting program evaluation and the impact of your program on the clients and community that have received services.

- b) Describe the outcome indicators that have been used for measuring the ability of your program to reach its goals. Outline the program's evaluation strategy that will be used to measure achievement of proposed program goals and objectives.
- c) Describe the process used to collect and document data as required by the HRSA/HAB. All Ryan White HIV/AIDS Program grantees and service providers must complete client level data collection and submit a Ryan White Services Report (RSR) annually.
- d) Discuss your current information system and its capacity to manage and report the required administrative and clinical data as identified in Attachment L, which identifies the administrative and clinical data currently required by HRSA/HAB for the RSR.

E. Applicant's Proposed Budget

All charges to the grant must be in accordance with applicable Office of Management and Budget (OMB) cost principles (A-87, A-122, OR A-21).

Budget Justification Narrative

- 1) Provide a budget justification narrative that includes the total amount of funding for each service category for which funding is requested, the personnel who will provide the services and a description of direct expenses related to providing the service. All budget items should be rounded to the nearest one hundred (100) dollars. The following expense categories must be detailed in the Budget Justification Narrative:
 - a) Personnel: List all personnel whose salary is to be paid in whole or in part with Part A and MAI funds. For each position, provide the job title, employee last name, brief description of duties and responsibilities as they relate to the funded work. If the position is vacant, indicate when the position is expected to be filled.
 - b) Travel: Staff may be reimbursed for local mileage at the current Federal rate for non-Shelby County Government applicants, and at the County rate for Shelby County Government applicants, if local travel is required to provide Part A and MAI funded services. List the position(s) for which reimbursement for local mileage will be requested.
 - c) Office Supplies: This category includes items that are less than \$5,000; computer software should be included in this category. List the type(s) of supplies that will be needed.
 - d) Equipment: This category includes items that are over \$5,000, but under \$25,000. List the specific equipment that is needed and provide a justification

for requested funds. A purchase versus lease analysis should be done for items over \$5,000. Cost sharing must be determined if equipment will be used for services other than Ryan White. Equipment items costing over \$25,000 require prior approval from HRSA via Shelby County Government.

- e) Contractual/Professional Services: This category includes funds that are to be used to provide services for clients that are will not provided directly by the proposer. Pre-approval of the Shelby County Government is required for any subcontracts with the provider.
- f) Other Programmatic Direct Costs: Include items such as printing of brochures, telephone, postage, advertising, training, interpreter fees, liability insurance (if required by County or provider), equipment maintenance and other allowable costs. Items that are not supplies or equipment and are not included in the indirect cost base may potentially be included in this category. A cost for each item listed must be provided.
- g) Fee for Service: If your agency is proposing to provide services on a fee for service basis, please provide specific and detailed information about how the fees were determined (e.g., calculation of personnel time, cost of materials needed to provide the service, and other costs associated with providing the service)
- h) Administrative Costs: Administrative costs are allowable in accordance with applicable Cost Principles, and within the legislative limit of 10% of direct costs. If agency is requesting administrative costs, a cost allocation plan must be provided as part of the budget justification narrative.
- i) In-Kind Contributions: In-kind contributions are for reporting the value of contributed non-cash resources applied to the program or project. For example, the value of food, clothing, personal hygiene supplies, diapers, etc., donated for distribution to a client should be listed as an in-kind contribution. This may also include donated professional services by physicians, counselors, nurses, etc. for the support of the program or project. Buildings and equipment may also be included.
- j) Cash Contributions (Nongovernmental): Funds that are from such sources as cash contributions from corporations, foundations, trusts, individuals, fund raisers, other not-for-profit organizations, and from affiliated organizations.
- k) Matching Funds: The non-federal cash or in-kind contributions provided to supplement the Ryan White funds received for a project or program. Contributions claimed as match for other federal funds may not be used to meet the match requirement for HIV Emergency Relief Project/Ryan White Part A.

2) Grant Budget Detail for Each Proposed Service Category

Provide a grant budget and budget detail for each of the service categories for which funding is requested using the form provided in Attachment C.

Proposal Attachments

1.) Agency Organizational Chart(s)

Provide a diagram that shows the structure of the organization and the relationships and relative ranks of its parts and positions/jobs. For large organizations, 50+ employees, provide an overall organizational chart showing the relations between departments AND a department specific organizational chart for all departments where personnel whose salary is to be paid in whole or in part with Part A and MAI funds.

2.) Agency Total Operating Budget

Provide a total operating budget for your agency. If your project is part of a larger organization, please provide a budget for the department through which Ryan White services will be provided.

3.) List of All Current Public and Private Grant Funding

Provide a list of all funding received for the provision of other Ryan White-funded services, and Federal, State and/or local funding for HIV care and prevention services.

4.) Organizational Quality Management Plan

Describe the agency's Quality Management process and attach a copy of the current Quality Management Plan. Discuss how your Quality Management program has worked to improve the care or services your program provides including how an item or measure was identified as needing improvement, the process used in analyzing and designing a quality improvement cycle, and how the intervention was evaluated. Agencies needing assistance in the development of a quality management plan can go to www.nationalqualitycenter.org for more information.

5.) Resumes, Job Descriptions and Salaries for All Positions to Be Funded

6.) Copies of Licensure or Accreditation (if applicable)

7.) List of current Board Members

Provide a List of current Board Members that includes each Board Member's name, gender, race, place of employment, board related titles, and terms of service. Please, also include contact information for the Board Chair/President.

8.) Copy of Agency's Strategic Plan

9.) Copy of most recent Audit or Year End Financial Statements

10.) Proof of 501(c)(3) Status and Charter & By-Laws

If an organization does not have its own tax-exempt determination letter, it should attach:

- (1) a copy of the IRS tax-exemption determination letter of the agency which will act as the fiscal agency for the project,
- (2) a signed letter of agreement between the applicant and the fiscal agency describing how the funds will be handled should a grant be awarded, and
- (3) the application must be signed by the fiscal agency's executive director and Board Chair.

11.) Insurance Documentation

- a. The Provider and any subcontractors/providers shall purchase and maintain, in a company or companies authorized to do business in the State of Tennessee, such insurance as will protect the County from claims which may arise out of or result from the Provider or sub-provider's operations under the Contract, whether such operations are performed by itself or by any subcontractors or by anyone directly or indirectly employed by any of them, or by anyone for whose acts the Provider or subcontractor may be liable.
- b. The insurance required shall be written for not less than any limits of liability specified or required by law, whichever is greater. All policies will provide for thirty (30) days written notice to COUNTY of cancellation or material change in coverage provided. If the insurance carrier is not required by the policy terms and conditions to provide such notice to the COUNTY, the Provider must provide immediate notice to COUNTY and evidence of replacement coverage with no lapse.
- c. The Provider will maintain throughout the life of this Contract, in the following minimum requirements:
 - i) Errors and Omissions/Professional Liability coverage with limits of no less than \$1,000,000 per occurrence/\$3,000,000 annual aggregate
 - ii) Commercial General Liability coverage with minimum limits of \$1,000,000.00 per occurrence bodily injury and property damage/ \$1,000,000.00 personal and advertising injury/\$2,000,000.00 general aggregate coverage, \$2,000,000.00 annual aggregate products/completed operations. Shelby County Government, its elected officials, appointees and employees will be named as additional insureds. The insurance shall include coverage for the following:
 - a. Premises/Operations
 - b. Products/Completed Operations;

- c. Contractual Liability;
 - d. Independent Contractors;
 - e. Personal and Advertising Injury.
 - f. Assault and Battery
 - g. Sexual Molestation
- iii) Workers Compensation and Employers' Liability Insurance – Workers' compensation statutory limits as required by Tennessee statutes. This policy should include Employers' Liability coverage for \$500,000.00 each accident; \$500,000 - Disease - each employee; and Disease - \$500,000 policy limit. Contractor/provider waives its right of subrogation against Shelby County for any and all workers' compensation claims. Policy will include waiver of subrogation endorsement in favor of Shelby County Government.
- iv) Business Automobile Liability Insurance - minimum limit of \$1,000,000.00 each accident for bodily injury and property damage. Coverage is to be provided on all owned/leased, hired and non-owned autos. Shelby County Government, its elected officials, appointees and employees will be named as additional insureds.
- v) Cyber Liability – minimum of \$1,000,000 Data Breach and Privacy Liability Coverage.
- d. Provider shall provide County with a Certificate of Insurance at the time of contracting and shall maintain said insurance or self-insurance during the entire Contract period as well as provide renewal certificates on each anniversary date. The certificate holder is to read:
- Shelby County Government
Purchasing Department
160 N. Main, Suite 900
Memphis, TN 38103
- e. Any coverage applying to COUNTY shall be considered primary and non-contributory regardless of any insurance or self-insurance the COUNTY may maintain.
- f. If the PROVIDER maintains higher limits than the minimums shown above, the COUNTY requires and shall be entitled to coverage for the higher limits maintained by the CONTRACTOR. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the COUNTY as additional insureds.
- g. Any insurance company of the Provider shall be admitted and authorized to do business in the State of Tennessee and shall carry a minimum rating assigned by A.M. Best & Company's Key Rating Guide of "A-" and a Financial Size Category of "X".

12.) Personnel Policy covering Nondiscriminatory Practices

13.) Client Grievance Policy

14.) References

References of the Proposer, including at least three (3) other clients for whom the Proposer has provided services similar to the Services (with preference given to clients comparable to Shelby County Government) and, for each such reference, the business name, the identification of a contact person, the title of the contact person and a telephone number.

15.) Formal Collaboration Agreements

Agencies must work together to maximize resources and provide a seamless continuum of care for clients; collaboration between providers is essential to providing quality care to persons living with HIV/AIDS. The Proposal Review Committee will be reviewing proposals for examples of agencies working together to improve services and service delivery. Collaborative agreements are formal statements of commitment between organizations that are collaborating or cooperating on a program. The agreement delineates specific roles and responsibilities of all organizations involved. Formal agreements with other HIV/AIDS service providers with which you collaborate must be included. Please note collaboration between community agencies and at least one medical facility are required for case management services.

Collaborative agreements for the purposes of this RFP should include:

- Specific detail about the policies and procedures that are used to implement it.
- A clear goal stating what will be achieved through the collaborative effort.
- A set of objectives that states how the affiliating organizations will achieve the stated goals.
- A statement designating specific staff's responsibility for coordination of the specific aspects of the agreement.
- A specific term for the existence of the affiliation or a set period of time after which the relationship will be reviewed.